

## Project Meeting Form

Project Name:	Date/Time:
Facilitator:	Location:
Assigned Project Workgroup Members / Att	endance Record:
	<del></del>
Agenda Topics	
1 4.	
2 5	
3. Other:	
Highlights of Bissessies as Assessed Masses	
Highlights of Discussion re Agenda Items:	
1.	
2.	
2.	
3.	

4.	
5.	
Other / Missellamonus	
Other / Miscellaneous:	
Assignments:	
1.	
2.	
3.	
4.	
	Next Meeting
Date/Time:	
Location:	

Please send this form to Jordan Royer, Strategic Planning Office, 600 4<sup>th</sup> Avenue, Seattle, WA 98104, Mail Stop 01-03-01, directly following the project meeting.